Local Use Only

Mother's Name: _____ Chart No: _____ Mother's Case ID No: _____

Address: _____ _____ OB/Gyn: _____ Phone No: (____) _____-_____

(Number, Street, City, State) (Zip code)

Infants Name: _____ Chart No: _____ Delivering Physician: _____ Phone No: (____) _____-_____

Pediatrician: _____ Phone No: (____) _____-_____ Delivering Hospital: _____

– Patient identifier information is not transmitted to CDC –

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention, Atlanta, GA 30333

CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

Form Approved OMB No. 0920-0128 Exp. Date: 02/2016

Other geographic unit: _____ _____ _____

CASE ID No.: 0218166

Local Use ID No.: _____

1. Report date to health dept. 9 ☐ Unk
__ __ / __ __ / __ __ __ __
Mo. Day Yr.

2. Reporting state FIPS code: 9 ☐ Unk
__ __ _____
Reporting State Name

3. Reporting county FIPS code: 9 ☐ Unk
__ __ __ _____
Reporting County Name

PART I. MATERNAL INFORMATION

4. Mother's state FIPS code: __ __ _____ 9 ☐ Unk
Mother's Residence State

5. Mother's Country of residence: __ __ _____
(leave blank if USA) Mother's Country of Residence

6. Mother's residence county FIPS code: 9 ☐ Unk
__ __ __ _____
Mother's County of Residence

7. Mother's residence ZIP code:
__ __ __ __ __ 9 ☐ Unk

8. Mother's date of birth:
__ __ / __ __ / __ __ __ __ 9 ☐ Unk
Mo. Day Yr.

9. Mother's obstetric history:
G____ ____ P____ ____
(G=pregnancies, P=live births)

10. Last menstrual period (LMP) *(before delivery)*:
__ __ / __ __ / __ __ __ __ 9 ☐ Unk
Mo. Day Yr.

11. a) Indicate date of first prenatal visit:
__ __ / __ __ / __ __ __ __ 0 ☐ No prenatal care *(Go to Q12)* 9 ☐ Unk
Mo. Day Yr.

b) Indicate trimester of first prenatal visit:
1 ☐ 1st trimester 2 ☐ 2nd trimester 3 ☐ 3rd trimester 9 ☐ Unk

12. Mother's ethnicity:
1 ☐ Hispanic or Latino 2 ☐ Non-Hispanic or Latino 9 ☐ Unk

13. Mother's race: (check all that apply) ☐ American Indian/Alaska Native ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unk

14. Did mother have non-treponemal or treponemal tests at:
a) first prenatal visit? 1 ☐ Yes 2 ☐ No 9 ☐ Unk
b) 28–32 weeks gestation? 1 ☐ Yes 2 ☐ No 9 ☐ Unk
c) delivery? 1 ☐ Yes 2 ☐ No 9 ☐ Unk

15. Mother's marital status:
1 ☐ Single, never married 2 ☐ Married 3 ☐ Separated/Divorced 4 ☐ Widow 8 ☐ Other 9 ☐ Unk

16. Indicate during pregnancy and delivery, dates and results of **a)** most recent and **b)** first **non-treponemal** tests:

	Date		Results		Titer
a.	__ __/__ __/__ __ __ __	9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive 9 ☐ Unk		1:__ __ __ __
b.	__ __/__ __/__ __ __ __ (Mo. Day Yr.)	9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive 9 ☐ Unk		1:__ __ __ __

17. Indicate during pregnancy, date, type, and result of **a)** first and **b)** most recent **treponemal** tests:

	Date		Test Type		Results	
a.	__ __/__ __/__ __ __ __	9 ☐ Unk	1 ☐ EIA or CLIA 2 ☐ TP-PA	3 ☐ Other 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive	9 ☐ Unk
b.	__ __/__ __/__ __ __ __ (Mo. Day Yr.)	9 ☐ Unk	1 ☐ EIA or CLIA 2 ☐ TP-PA	3 ☐ Other 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive	9 ☐ Unk

18. What was mother's HIV status during pregnancy?
P ☐ positive E ☐ equivocal test
X ☐ patient not tested N ☐ negative U ☐ Unk

19. What **CLINICAL** stage of syphilis did mother have during pregnancy?
1 ☐ primary 4 ☐ late or late latent 9 ☐ Unk
2 ☐ secondary 5 ☐ previously treated/serofast
3 ☐ early latent 8 ☐ Other

20. What **SURVEILLANCE** stage of syphilis did mother have during pregnancy? *(Footnote A)*
1 ☐ primary 3 ☐ early latent 8 ☐ Other
2 ☐ secondary 4 ☐ late or late latent 9 ☐ Unk

21. When did mother receive her first dose of benzathine penicillin?
__ __ / __ __ / __ __ __ __
Mo. Day Yr.
1 ☐ Before pregnancy
2 ☐ 1st trimester
3 ☐ 2nd trimester
4 ☐ 3rd trimester
5 ☐ No Treatment *(Go to Q24)*
9 ☐ Unk

22. What was mother's treatment?
1 ☐ 2.4 M units benzathine penicillin
2 ☐ 4.8 M units benzathine penicillin
3 ☐ 7.2 M units benzathine penicillin
8 ☐ Other 9 ☐ Unk

23. Did mother have an appropriate serologic response? *(Footnote B)*
1 ☐ Yes, appropriate response
2 ☐ No, inappropriate response: evidence of treatment failure or reinfection
3 ☐ Response could not be determined from available non-treponemal titer information
4 ☐ Not enough time for titer to change

PART II. INFANT/CHILD INFORMATION

24. Date of Delivery: 9 ☐ Unk
__ __ / __ __ / __ __ __ __
Mo. Day Yr.

25. Vital status:
1 ☐ Alive *(Go to Q27)*
2 ☐ Born alive, then died
3 ☐ Stillborn *(Go to Q27)* *(Footnote C)*
9 ☐ Unknown *(Go to Q27)*

26. Indicate date of death: 9 ☐ Unk
__ __ / __ __ / __ __ __ __
Mo. Day Yr.

27. Birthweight (in grams): 9 ☐ Unk
__ __ __ __ __

28. Estimated gestational age (in weeks): 99 ☐ Unk
__ __ *(If infant was stillborn go to Q37)*

29. a) Did infant/ child have a reactive **non-treponemal** test for syphilis? (eg., VDRL, RPR)
1 ☐ Yes 2 ☐ No 3 ☐ No test 9 ☐ Unk
(Go to Q30 unless reactive)

b) When was the infant/child's first reactive **non-treponemal** test for syphilis?
__ __ / __ __ / __ __ __ __
Mo. Day Yr.

c) Indicate titer of infant/ child's **non-treponemal** test for syphilis:
1:__ __ __ __

30. a) Did infant/child have a reactive **treponemal** test for syphilis? *(Footnote D)* 1 ☐ Yes 2 ☐ No 3 ☐ No test 9 ☐ Unk
b) When was the infant/child's first reactive **treponemal** test for syphilis? *(Footnote D)* __ __ / __ __ / __ __ __ __
Mo. Day Yr.

31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains?
1 ☐ Yes, positive 2 ☐ Yes, negative 3 ☐ No test 4 ☐ No lesions and no tissue to test 9 ☐ Unk

32. Did the Infant/child have any signs of CS? *(check all that apply)*
☐ no signs/asymptomatic *(Footnote E)* ☐ condyloma lata ☐ snuffles ☐ syphilitic skin rash
☐ hepatosplenomegaly ☐ jaundice/hepatitis ☐ pseudo paralysis ☐ edema ☐ other ☐ Unk

33. Did the infant/child have long bone X-rays?
1 ☐ Yes, changes consistent with CS 2 ☐ Yes, no signs of CS 3 ☐ No X-rays 9 ☐ Unk

34. Did the infant/child have a CSF-VDRL?
1 ☐ Yes, reactive 2 ☐ Yes, nonreactive 3 ☐ No test 9 ☐ Unk

35. Did the infant/child have a CSF WBC count or CSF protein test? *(Footnote F)*
1 ☐ Yes, CSF WBC count elevated 2 ☐ Yes, CSF protein elevated 3 ☐ both tests elevated 4 ☐ neither test elevated 5 ☐ No test 9 ☐ Unk

36. Was the infant/child treated? *("2" is an obsolete response)*
1 ☐ Yes, with aqueous or procaine penicillin for 10 days 3 ☐ Yes, with benzathine penicillin x 1 4 ☐ Yes, with other treatment 5 ☐ No treatment 9 ☐ Unk

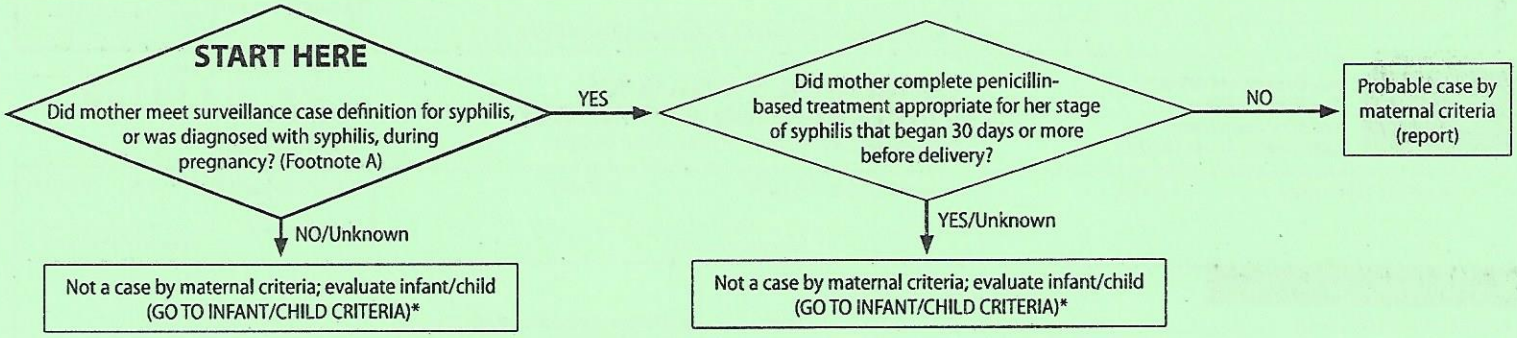
PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION

37. Classification:

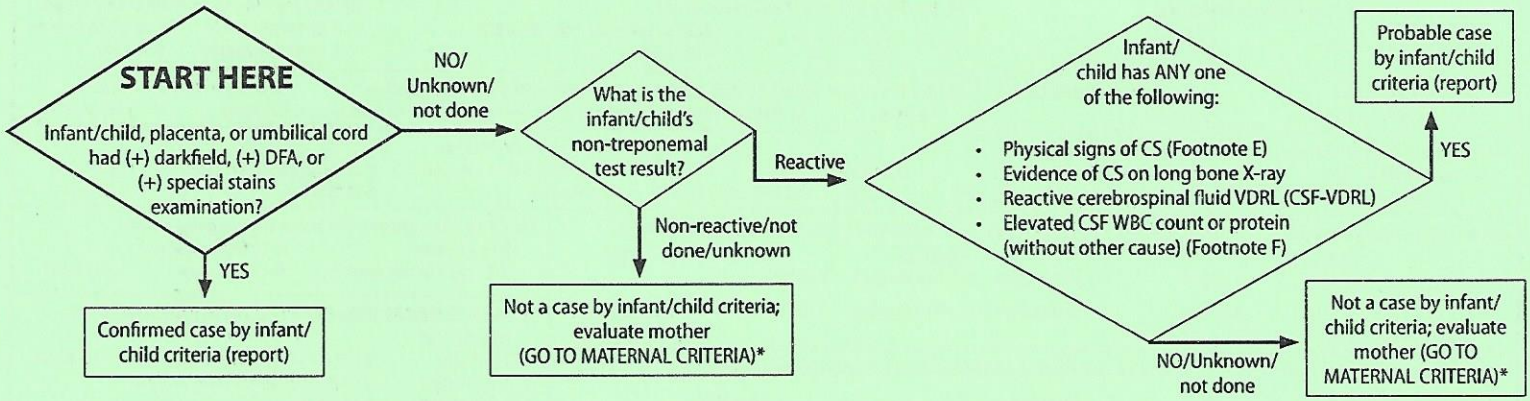
1 ☐ Not a case
2 ☐ Confirmed case (Laboratory confirmed identification of *T.pallidum*, e.g., darkfield exam, DFA, or special stains)
3 ☐ Syphilitic stillbirth *(Footnote C)*
4 ☐ Probable case (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)

CS Report Algorithm: a case meeting *any* criteria (maternal, infant/child, or stillbirth) should be reported

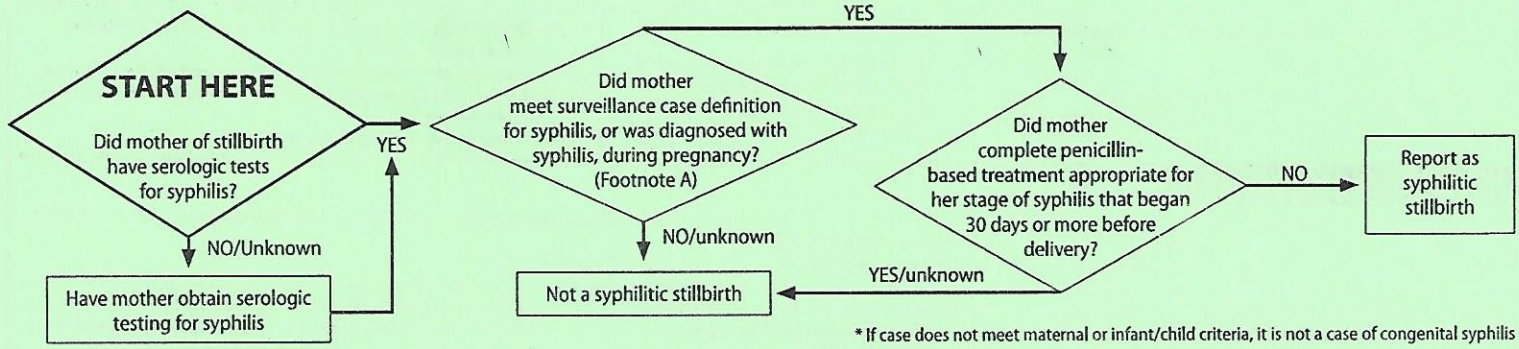
MATERNAL CRITERIA TO REPORT CONGENITAL SYPHILIS



INFANT/CHILD CRITERIA TO REPORT CONGENITAL SYPHILIS



CRITERIA TO REPORT SYPHILITIC STILLBIRTH



* If case does not meet maternal or infant/child criteria, it is not a case of congenital syphilis

Footnote A — **Primary syphilis** is defined as a clinically compatible case with one or more ulcers (chancres) consistent with primary syphilis and a reactive serologic test. **Secondary syphilis** is defined as a clinically compatible case characterized by localized or diffuse mucocutaneous lesions, often with generalized lymphadenopathy, with a nontreponemal titer ≥1:4. *Latent syphilis* is the absence of clinical signs or symptoms of syphilis, with no past diagnosis or treatment, or past treatment but a fourfold or greater increase from the last nontreponemal titer. **Early latent syphilis** is defined as latent syphilis in a person who has evidence of being infected within the previous 12 months based on one or more of the following criteria: 1) documented seroconversion or fourfold or greater increase in nontreponemal titer during the previous 12 months, 2) a history of symptoms consistent with primary or secondary syphilis during the previous 12 months, 3) a history of sexual exposure to a partner who had confirmed or probable primary, secondary, or early latent syphilis (documented independently as duration <1 year), or 4) reactive nontreponemal and treponemal tests where the only possible exposure occurred within the preceding 12 months. **Late latent syphilis** is defined as latent syphilis in a patient who has no evidence of being infected within the preceding 12 months. See *MMWR Recomm Rep. 1997 May 2;46(RR-10):1-55* for more information.

Footnote B — An appropriate serologic response to therapy is a fourfold decline in non-treponemal titer by 6–12 months with primary or secondary syphilis, or by 12–24 months with latent syphilis (early, late, or unknown duration). An inappropriate serologic response is either less than a fourfold drop, or a fourfold increase, in nontreponemal titer over the expected time period.

Footnote C — A syphilitic stillbirth is a fetal death in which the mother had untreated or inadequately treated syphilis at delivery of a fetus after a 20 week gestation or weighing >500 g.

Footnote D — CDC treatment guidelines do not recommend screening infants for congenital syphilis with treponemal tests. (*MMWR Recomm Rep.* 2010 Dec 17;59(RR-12), p. 36.) However, if maternal treponemal test data are not available, a treponemal test for the infant/child can be used.

Footnote E — Signs of CS (usually in an infant or child <2 years old) include: condyloma lata, snuffles, syphilitic skin rash, hepatosplenomegaly, jaundice/hepatitis, pseudoparalysis, or edema (nephrotic syndrome and/or malnutrition). Stigmata in an older child might include: interstitial keratitis, nerve deafness, anterior bowing of shins, frontal bossing, mulberry molars, Hutchinson's teeth, saddle nose, rhagades, or Clutton's joints.

Footnote F — Cerebrospinal fluid (CSF) white blood cell (WBC) count and protein vary with gestational age. During the first 30 days of life, a CSF WBC count of >15 WBC/mm³ or a CSF protein >120 mg/dl is abnormal. After the first 30 days of life, a CSF WBC count of >5 WBC/mm³ or a CSF protein >40 mg/dl is abnormal, regardless of CSF serology.